acute
TRAINING SOLUTIONS LTD

# Acute Training Solutions
## Dysphagia Risk Assessment

**For use at a formal risk review meeting**

Risk assessments carefully examine systems to identify factors that could cause or contribute to harm to an individual. They investigate whether adequate precautions are in place to prevent injury, or if further measures are required. The NPSA dysphagia risk assessment seeks to answer the following questions:

1. What is the current situation?
2. What could go wrong?
3. How serious is the harm to the person?
4. How likely is the harm to occur?
5. What actions are needed to prevent harm?
6. How and when will the situation be reviewed?

**Assessment Group Members**
(Group should include health practitioners, family members, the person with learning disabilities if appropriate, social worker, home manager and carers from day and residential provision. (Mark box with 'X' for those involved))

| | | |
|---|---|---|
| X | **Person with learning disabilities** | **Name:** |
| | | **DOB:** |
| | | **Address:** |
| | | |
| | | |
| X | **Family member / caregiver** | **Name:** |
| X | **Residential staff** | **Name:** |
| X | **Day centre staff** | **Name:** |
| X | **Speech and language therapist** | **Name:** |
| X | **Dietician** | **Name:** |
| X | **Physiotherapist** | **Name:** |
| X | **Occupational therapist** | **Name:** |
| X | **GP** | **Name:** |
| X | **Other** (give details) | **Name:** |

**Notes:** (including any additional members of the group)

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| **Name:** | **DOB:** | **Date:** |
|---|---|---|

**Nature of the problem**
For example, risk of choking, risk of chest infection, risk of nutritional comprise and risk of dehydration.

| **Is this a new problem** | X | **or an existing problem that has worsened** | X | **?** (please mark with an X) |
|---|---|---|---|---|

**Other existing needs**
Include details of current medication.

**Current eating and drinking situation**
Include where meals are taken and level of support needed.

**Previous health and risk issues**
Include any previous factors which have the potential to affect the swallow.

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| Name: | DOB: | Date: |
|---|---|---|

| What could go wrong (risk area) | Impact of problem | | | Likelihood of harm occurring | | | Severity (impact x likelihood) | What needs to be done | Agreed actions | Named person responsible for actions | Date action is to be completed by |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | low | med | high | low | med | high | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| Clinician's Name: | Date: | Mark with 'X' if review will be conducted **by the assessment group:** | X |
|---|---|---|---|

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| Name: | Date: |
|---|---|

| What could go wrong (risk area) | Impact of problem | | | Likelihood of harm occurring | | | Agreed actions | Named person | Agreed timescale | Progress to date | Impact of problem | | | Likelihood of harm occurring | | | Revised agreed actions |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | low | med | high | low | med | high | | | | | low | med | high | low | med | high | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| Date of next review: | | | |
|---|---|---|---|
| Clinician's Name: | Date: | Mark with 'X' if review will be conducted by the assessment group: | X |

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